

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

253

FILING DATE

855

6-3-94

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
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50						
TOTAL IND.	1					
TOTAL DEP.	23					
TOTAL CLAIMS	24					

*	IND.	DEP.	*	IND.	DEP.	*
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